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CONFIRMATION NO. 9185

SERIAL NUMBER 10/602,414	FILING OR 371(c) DATE 06/23/2003 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. PC9997A
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APPLICANTS

David James Dooley, South Lyon, MI;

**** CONTINUING DATA *******

This appln claims benefit of 60/392,140 06/27/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 09/10/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 55	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

28880

TITLE

Method of treating attention deficit hyperactivity disorder

FILING FEE RECEIVED 1380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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